U.S. DEPARTMENT OF HOMELAND SECURITY

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires February 28, 2009

Federal Emergency Management Agency National Flood Insurance Program

Important: Read the instructions on pages 1-8.

National Flood Insulance Flo	gram	mportant.	read the motif	actions on pay	900 1 0.	
		SECTI	ON A - PROPE	RTY INFORMA	TION	For Insurance Company Use:
A1. Building Owner's Nam	e Tina Derise					Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 10165 Favre Lane Cor						Company NAIC Number
City Bay St. Louis	State MS Z	IP Code 39520				
A3. Property Description (138K-1-34-007.000 Section		ımbers, Tax Parcel Nu	mber, Legal Desc	ription, etc.)		
 A4. Building Use (e.g., Re A5. Latitude/Longitude: La A6. Attach at least 2 photo A7. Building Diagram Num A8. For a building with a c a) Square footage of b) No. of permanent enclosure(s) walls c) Total net area of fine 	t. N-30-18-31.9 graphs of the buber 5 rawl space or encrawl space or e lood openings in within 1.0 foot al	Long. W-89-23-23.1 illding if the Certificate closure(s), provide inclosure(s) the crawl space or bove adjacent grade A8.b	is being used to o <u>NA</u> sq ft <u>NA</u> <u>NA</u> sq in	A9. For a bu a) Squa b) No. walls c) Tota	nice. illding with an attactor are footage of attactor of permanent flood s within 1.0 foot about I net area of flood of	openings in the attached garage ove adjacent grade <u>NA</u> openings in A9.b <u>NA</u> sq in
		TION B - FLOOD IN		IE WAP (FIRM		
B1. NFIP Community Name Waveland	& Community N 285262		2. County Name lancock			B3. State MS
B4. Map/Panel Number 285254-0145	B5. Suffix C	B6. FIRM Index Date 08/18/1992	B7. FIRM Effective/Re 09/18/	vised Date	B8. Flood Zone(s) A-8	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
☐ FIS Profile 311. Indicate elevation datu 312. Is the building located Designation Date			VD 1929 □ N	Reg (Matter and Carter and Carter)	☐ Other (Describe) ted Area (OPA)?) ∐Yes ⊠No
	SECTIO	N C - BUILDING EL	EVATION INFO	RMATION (SU	JRVEY REQUIR	ED)
C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☐ Finished Construction *A new Elevation Certificate will be required when construction of the building is complete. C2. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-g below according to the building diagram specified in Item A7. Benchmark Utilized J-136 Vertical Datum NGVD 1929 Conversion/Comments NA Check the measurement used.						
d) Attached garage (to	ner floor st horizontal stru- op of slab) i machinery or ec quipment in Com nished) grade (L	ctural member (V Zone quipment servicing the nments) AG)	es only) NA	A.	meters (Puerto meters	o Rico only)
	SECTIO	ON D - SURVEYOR,	ENGINEER O	R ARCHITECT	CERTIFICATIO	N
This certification is to be sign information. I certify that the I understand that any false Check here if comment	ned and sealed e information on statement may b	by a land surveyor, en this Certificate represe e punishable by fine or	gineer, or architec ents my best effort	t authorized by la s to interpret the	aw to certify elevation data available.	
Certifier's Name Sidney F. Fournet, Jr. License Number PS 2571						
Title Owner Company Name Sidney F. Fournet & Associates						
Address 94171 Bayou Driv	ddress 94171 Bayou Drive City Diamondhead State MS ZIP Code 39525					
Signature Shart	The same of the sa	Date 03/11/2009	Telephone (2	228) 255-5867		

MDODTANT: In these spaces	copy the corresponding information	from Section A.	For	Insurance Company Use:
Building Street Address (including Ap	t., Unit, Suite, and/or Bldg. No.) or P.O. Route	e and Box No.	Poli	cy Number
10165 Favre Lane City Bay St. Louis State MS ZIP Co	Con	npany NAIC Number		
SECTIO	N D - SURVEYOR, ENGINEER, OR AR	CHITECT CERTIFIC	CATION (CONTINU	IED)
Copy both sides of this Elevation Cer	tificate for (1) community official, (2) insuranc	e agent/company, and	I (3) building owner.	
Comments Elevation in C-2-E is the				
*Preliminary DFIRM 285262-0342-D,	11/15/2007, places this residence in Flood Z	one AE-18'.		
Signature		Date 03/11/2009	2	
SECTION E. BUILDING ELI	ÈVATION INFORMATION (SURVEY NO	OT REQUIRED) FO	R ZONE AO AND Z	ONE A (WITHOUT BFE)
and C. For Items E1-E4, use natura E1. Provide elevation information f grade (HAG) and the lowest ac a) Top of bottom floor (includin b) Top of bottom floor (includin b) Top of bottom floor (includin celevation C2.b in the diagram celevation C2.b in the diagram celevation C2.b in the diagram celevation C3.b in the diagram celevation C4.b in the diagram celevation C5.b	g basement, crawl space, or enclosure) is g basement, crawl space, or enclosure) is n permanent flood openings provided in Secti s) of the building is feet	ixes to show whether t	he elevation is above meters above meters above (see page 8 of Instruc or below the HAG. meters above or ordance with the come ection G.	or below the highest adjacent or
The property owner or owner's author	orized representative who completes Sections entertents in Sections A, B, and E are correct in	to the best of my know	rledge.	
Property Owner's or Owner's Author	rized Representative's Name	<u> </u>		
Property Owner's or Owner's Addition	Cit		State	ZIP Code
Address	Cit	у		No. Office Accordance of the Control
Signature	Da	ite	Telephone	
Comments				
				☐ Check here if attachmen
	ALVERTAGE CONTRACTOR	IEODMATION (OP	TIONAL)	Official motor in accommission
	SECTION G - COMMUNITY IN	tr'e fleedalain manage	ment ordinance can c	omplete Sections A, B, C (or E),
G1. The information in Section	C was taken from other documentation that he	has been signed and se e and date of the eleva	ealed by a licensed so ition data in the Comm	nents area below.)
C2	eted Section E for a building located in Zone	A (without a FEMA-iss	sued or community-iss	ued BFE) or Zone AO.
G3. The following information (Items G4G9.) is provided for community floo	odplain management p	ourposes.	
G4. Permit Number	G5. Date Permit Issued	G6. Date C	ertificate Of Complian	ce/Occupancy Issued
G7. This permit has been issued for:		ntial Improvement		
G8. Flevation of as-built lowest floor	(including basement) of the building:	feet 🗌 me	eters (PR) Datum	
G9. BFE or (in Zone AO) depth of flo	oding at the building site:	leet me	eters (PR) Datum	<u>- 60</u>
Local Official's Name		Title		
Community Name		Telephone		19
Signature		Date		
Comments				
				Check here if attachme

Building Photographs See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 10165 Favre Lane	Policy Number
City Bay St. Louis State MS ZIP Code 39520	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, following.







Building Photographs Continuation Page

			For Insurance Company Use:
Building	Street Addres	ss (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Policy Number
City	State	ZIP Code	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."

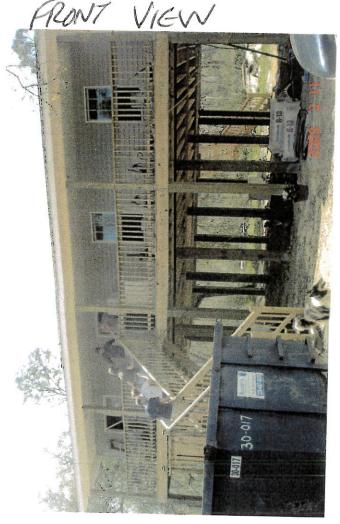
Building Photographs See Instructions for Item A6.

For Insurance Company Use: Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number 10165 Favre Lane City Bay St. Louis State MS ZIP Code 39520 Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page,







Building Photographs Continuation Page

			For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			Policy Number
City	State	ZIP Code	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."

U.S. DEPARTMENT OF HOMELAND SECURITY

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires February 28, 2009

Federal Emergency Management Agency

Important: Read the instructions on pages 1-8.

ivational r	-lood insurance Pro	yraili	important.	read the III	structions on p	ageo i o.	
			SECT	ION A - PRO	PERTY INFORM	MATION	For Insurance Company Use:
A1. Bui	ilding Owner's Name	e Tina Derise				-	Policy Number
	ilding Street Address	s (including Apt.,	Unit, Suite, and/or E	Bldg. No.) or P.C). Route and Box N	No.	Company NAIC Number
	y Bay St. Louis	State MS Z	IP Code 39520				
	operty Description (L 34-007.000 Section		mbers, Tax Parcel N	umber, Legal D	escription, etc.)		
A5. Lat A6. Atta A7. Bui A8. For a) b)	itude/Longitude: Lat ach at least 2 photog Iding Diagram Numb r a building with a cr Square footage of G No. of permanent fl	:. N-30-18-31.9 graphs of the buth oer 5 awl space or end crawl space or e lood openings in within 1.0 foot ab	nclosure(s) the crawl space or pove adjacent grade		to obtain flood insu A9. For a a) So b) N	urance. building with an attace quare footage of attace o. of permanent floodalls within 1.0 foot ab	atum: NAD 1927 NAD 1983 ched garage, provide: ched garage NA sq ft d openings in the attached garage love adjacent grade NA openings in A9.b NA sq in
	Total Not aloa of No					RM) INFORMATION	
B1. NFII Wavelar	P Community Name			B2. County Nar Hancock			B3. State MS
	ap/Panel Number 85254-0145	B5. Suffix	B6. FIRM Index Date 08/18/1992	Effective	FIRM Panel e/Revised Date 9/18/1987	B8. Flood Zone(s) A-8	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
B12. Is t	☐ FIS Profile licate elevation datur he building located i signation Date	m used for BFE in a Coastal Barı	☐ Community Dete in Item B9: ☑ N rier Resources Syste	GVD 1929	☐ Other (Describe ☐ NAVD 1988 or Otherwise Prot ☐ OPA	Other (Describe	e) □Yes ⊠No
		SECTIO	N C - BUILDING I	ELEVATION I	NFORMATION ((SURVEY REQUIR	RED)
*A no C2. Elev belo Beno	ations - Zones A1-A	cate will be requi A30, AE, AH, A (building diagram <u>36</u> Vertical Datu	specified in Item A7.	on of the building 30, V (with BFE	⊠ Building Unde g is complete.), AR, AR/A, AR/A		☐ Finished Construction H, AR/AO. Complete Items C2.a-g ment used.
b) c) d) e)	Top of the next high Bottom of the lowes Attached garage (to	ner floor st horizontal stru op of slab) f machinery or eq quipment in Com nished) grade (L	AG)	nes only)	NA.	meters (Puer meter	to Rico only)
						CT CERTIFICATION	
informat I unders	tion I certify that the	e information on statement may b	this Certificate repre be punishable by fine	sents my best e	efforts to interpret t	y law to certify elevat the data available. tode, Section 1001.	PLACE
Certifier	's Name Sidney F.	Fournet, Jr.		30207	License Number	PS 2571	SEAL HIVE
Title Ov	D		Company Na	me Sidney F. F	Fournet & Associat		
Address	94171 Bayou Driv	e	City Diamond	dhead	State MS ZIP	Code 39525	
Signatu	re State		Date 02/12/2009	Telephor	ne (228) 255-5867	7	

IMPORTANT: In these spaces	, copy the corresponding information from Sec		Carlo a company of the carlo and the carlo a
Building Street Address (including A	tion A.	For Insurance Company Use:	
10165 Favre Lane	No.	Policy Number	
City Bay St. Louis State MS ZIP C	ode 39520		Company NAIC Number
SECTIO	N D - SURVEYOR, ENGINEER, OR ARCHITECT	CERTIFICATION (CON	
	rtificate for (1) community official, (2) insurance agent/cor		
Comments Residence is under cons		riparry, and (3) building ow	ner.
	11/15/2007, places this residence in Flood Zone AE-18'.		
D,			
Signature	Date 02/12	/2009	
SECTION E - BUILDING FLE	EVATION INFORMATION (SURVEY NOT REQUII	BED) FOR ZONE AO A	Check here if attachments
SESTION E BOILDING EE	TATION IN ORMATION (SURVEY NOT REQUI	RED) FOR ZONE AO A	ND ZONE A (WITHOUT BFE)
E1. Provide elevation information for grade (HAG) and the lowest ad a) Top of bottom floor (including b) Top of bottom floor (including E2. For Building Diagrams 6-8 with	g basement, crawl space, or enclosure) is g basement, crawl space, or enclosure) is permanent flood openings provided in Section A Items 8	uerto Rico only, enter mete whether the elevation is at ☐ feet ☐ meters ☐ a	ove or below the highest adjacent bove or □ below the HAG, bove or □ below the LAG, structions), the next higher floor
E3. Attached garage (top of slab) is		_ above or below the F	IAG.
	nd/or equipment servicing the building is	The to the made. ☐ feet ☐ meters ☐ above.	ve or □ below the HAG
E5. Zone AO only: If no flood depth	number is available, is the top of the bottom floor elevat	ed in accordance with the	community's floodplain management
ordinance? Yes No	☐ Unknown. The local official must certify this information	ation in Section G.	,
SECTION	N F - PROPERTY OWNER (OR OWNER'S REPRI	ESENTATIVE) CERTIFI	CATION
	ized representative who completes Sections A, B, and E		
or Zone AO must sign here. The state	ements in Sections A, B, and E are correct to the best of	my knowledge.	A-issued of community-issued BFE)
Property Owner's or Owner's Authoriz	ed Representative's Name		
Address	City	State	ZIP Code
Signature	Date	Telephone	9
Comments		*	
			☐ Check here if attachments
	SECTION G - COMMUNITY INFORMATIO	N (OPTIONAL)	
and G of this Elevation Certificate. Com	w or ordinance to administer the community's floodplain in plete the applicable item(s) and sign below. Check the r	neasurement used in Items	G8. and G9.
is authorized by law to certify	was taken from other documentation that has been signed elevation information. (Indicate the source and date of the	ne elevation data in the Cor	nments area below.)
G2. A community official complete	d Section E for a building located in Zone A (without a FE	EMA-issued or community-	ssued BFE) or Zone AO.
G3. The following information (Iter	ns G4G9.) is provided for community floodplain manage	ement purposes.	
G4. Permit Number	G5. Date Permit Issued G6.	Date Certificate Of Complia	ance/Occupancy Issued
G7. This permit has been issued for:	☐ New Construction ☐ Substantial Improvement	ent	
G8. Elevation of as-built lowest floor (inc	A TO TAKE THE TOTAL TO A TOTAL TO THE TOTAL TH	meters (PR) Datum _	
G9. BFE or (in Zone AO) depth of flooding		meters (PR) Datum	
Local Official's Name	Title		
Community Name	Telephone	3	
Signature	Date	=	
Comments			
			Check here if attachments

U.S. DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires February 28, 2009

Important: Read the instructions on pages 1-8. National Flood Insurance Program For Insurance Company Use: SECTION A - PROPERTY INFORMATION **Policy Number** A1. Building Owner's Name Tina Derise A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Company NAIC Number 10165 Favre Lane State MS ZIP Code 39520 City Bay St. Louis A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 138K-1-34-007.000 Section 34-8-14 A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential Horizontal Datum: ☐ NAD 1927 ☑ NAD 1983 A5. Latitude/Longitude: Lat. NA Long. NA A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. A7. Building Diagram Number 6 A9. For a building with an attached garage, provide: A8. For a building with a crawl space or enclosure(s), provide sq ft a) Square footage of attached garage 300 sq ft a) Square footage of crawl space or enclosure(s) b) No. of permanent flood openings in the attached garage b) No. of permanent flood openings in the crawl space or walls within 1.0 foot above adjacent grade NA enclosure(s) walls within 1.0 foot above adjacent grade c) Total net area of flood openings in A9.b NA sq in sq in 420 Total net area of flood openings in A8.b SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B3. State **B2.** County Name **B1. NFIP Community Name & Community Number** Hancock 285262 Waveland B9. Base Flood Elevation(s) (Zone B8. Flood **B7. FIRM Panel** B6. FIRM Index B5. Suffix B4. Map/Panel Number AO, use base flood depth) Effective/Revised Date Zone(s) Date A-8 09/18/1987 08/18/1992 С 285254-0145 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. Other (Describe) Community Determined **⊠** FIRM ☐ FIS Profile Other (Describe) ☐ NAVD 1988 ☑ NGVD 1929 B11. Indicate elevation datum used for BFE in Item B9: B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? \boxtimes No ☐ Yes ☐ OPA ☐ CBRS Designation Date SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) ☐ Finished Construction ☐ Building Under Construction* □ Construction Drawings* C1. Building elevations are based on: *A new Elevation Certificate will be required when construction of the building is complete. C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-g below according to the building diagram specified in Item A7. Benchmark Utilized NA Vertical Datum NGVD 1929 Conversion/Comments NA Check the measurement used. Top of bottom floor (including basement, crawl space, or enclosure floor)_ 9.0 18.0 Top of the next higher floor Bottom of the lowest horizontal structural member (V Zones only) NA c) NA Attached garage (top of slab) d) Lowest elevation of machinery or equipment servicing the building 18.0 (Describe type of equipment in Comments) 8.0 Lowest adjacent (finished) grade (LAG) 8.6 Highest adjacent (finished) grade (HAG) SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available.

I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Check here if comments are provided on back of form.

Certifier's Name Sidney F. Fournet, Jr.

License Number PS 2571

Title Owner

Signature

Company Name Sidney F. Fournet & Associates

Address 94171 Bayou Drive

Date 09/14/2007

City Diamondhead

Telephone (228) 255-5867

State MS

ZIP Code 39525



IMPORTANT I I	a constitution of the second s	tion from Contine A	For Insurance Company Use:
	s, copy the corresponding informa Apt., Unit, Suite, and/or Bldg. No.) or P.O.		Policy Number
10165 Favre Lane			Company NAIC Number
City Bay St. Louis State MS ZIP	Code 39520		Company NAIC Number
SECTION	ON D - SURVEYOR, ENGINEER, OF	R ARCHITECT CERTIFICA	TION (CONTINUED)
Copy both sides of this Elevation Co	ertificate for (1) community official, (2) ins	urance agent/company, and (3)	building owner.
Comments For pre-construction pr	urposes only.		
*Community Determined BFE is 13	0'.		
BENCHMARK: Spike in utility pole;	Elevation = 10.21'.		
Signature /		Date 09/14/2007	☐ Check here if attachments
SECTION E-BUILDING E	LEVATION INFORMATION (SURVE	Y NOT REQUIRED) FOR Z	ONE AO AND ZONE A (WITHOUT BFE)
E1. Provide elevation information grade (HAG) and the lowest a) Top of bottom floor (includ b) Top of bottom floor (includ b) Top of bottom floor (includ e2. For Building Diagrams 6-8 wi (elevation C2.b in the diagram e3. Attached garage (top of slab) e4. Top of platform of machinery e5. Zone AO only: If no flood depordinance? Yes \Boxed N	adjacent grade (LAG). ing basement, crawl space, or enclosure) ing basement, crawl space, or enclosure) ith permanent flood openings provided in the second	te boxes to show whether the earlier is feet feet feet Section A Items 8 and/or 9 (see eet meters above or above or below the H/s feet meters feet feet meters feet	meters above or below the highest adjacent meters above or below the HAG. meters below the LAG. page 8 of Instructions), the next higher floor below the HAG. AG. eters below the HAG. meters floor below the HAG. above or below the HAG. meters floor below the HAG. meters floodplain management on G.
or Zone AO must sign here. The st Property Owner's or Owner's Author	atements in Sections A, B, and E are con	rect to the best of my knowledg	e.
Address		City	State ZIP Code
Signature		Date	Telephone
Comments			
		· · · · · · · · · · · · · · · · · · ·	
	SECTION G - COMMUNIT	Y INFORMATION (OPTION	☐ Check here if attachment
The local official who is authorized by	v law or ordinance to administer the comm	nunity's floodplain managemen	t ordinance can complete Sections A, B, C (or E),
The information in Section is authorized by law to cert A community official complete.	complete the applicable item(s) and sign be C was taken from other documentation the cify elevation information. (Indicate the so leted Section E for a building located in Zeltems G4G9.) is provided for community	at has been signed and sealed urce and date of the elevation o one A (without a FEMA-issued	I by a licensed surveyor, engineer, or architect who data in the Comments area below.) or community-issued BFE) or Zone AO.
G4. Permit Number	G5. Date Permit Issued	G6. Date Certific	cate Of Compliance/Occupancy Issued
G7. This permit has been issued for: G8. Elevation of as-built lowest floor G9. BFE or (in Zone AO) depth of flo	(including basement) of the building:	ostantial Improvement	
Local Official's Name		Title	
Community Name		Telephone	
Signature		Date	
Comments			

Check here if attachments

2009 3490
Recorded in the Above
Deed Book & Page
03-20-2009 09:45:56 AM
Timothy A Kellar
Hancock County

WAVELAND

NONCONVERSION AGREEMENT

with CITY OF WAVELAND, MISSISSIPPI

This DECLARATION made this address at ("Owner") having an address at	
This DECLARATION made this at day of ("Owner") having an address at by ("Owner") having an address at	a
WITNESSETH: WHEREAS, the Owner is the record owner of all that real property located at in the City of Waveland, Ms. in the County of F designated in the Tax Records as 138 R - 1 34 - 0 7 . 0 0. designated in the Tax Records as 138 R - 1 34 - 0 7 . 0 0.	
WHEREAS, the Owner has applied for a permit to place a structure of the constructed in accordance with the require enclosed area below the base flood elevation constructed in accordance with the require Article No. 5, Section "B" paragraph 5 of the Waveland Floodplain Management Ordinar 325 and under Permit Number	nce of Number
WHEREAS, the Owner agrees to record this DECLARATION and certifies and declares following covenants, conditions and restrictions are placed on the affected property as a granting the Permit, and affects rights and obligations of the Owner and shall be binding his heirs, personal representatives, successors, future owners, and assigns.	that the condition of on the Owner,
UPON THE TERMS AND SUBJECT TO THE CONDITIONS, as follows:	
The structure or part thereof to which these conditions apply is:	
2. At this site, the Base Flood Elevation is feet above mean sea level, National Vertical Datum.	
3. Enclosed areas below the Base Flood Elevation shall be used solely for parking of vel storage, or access to the building. All interior walls, ceilings and floors below the Base Fl Elevation shall be unfinished or constructed of flood resistant materials. Mechanical, elect plumbing devices shall not be installed below the Base Flood Elevation.	etrical or
4. The walls of the enclosed areas below the Base Flood Elevation shall be equipped an equipped with openings as shown on the Permit.	
5. The jurisdiction issuing the Permit and enforcing the Ordinance may take any appropriaction to correct any violation. Any alterations or changes from these conditions also mastructure uninsurable or increase the cost for flood insurance.	
6. A duly appointed representative of the City is authorized to enter the property for the properting the exterior and interior of the enclosed area to verify compliance with this De Such inspections will be conducted upon due notice to the Owner and no more frequently each year. More frequent inspections may be conducted if an annual inspection discover of the Permit.	v than once
· · · · · · · · · · · · · · · · · · ·	Charcen Clerk
7. Other conditions:	By: ///// DC

In witness whereof the undersigned set their hands and seals this

State of Mississippi County of Hancock

Personally appeared before me, the undersigned authority in and for the said county and state,

Owner

Witness

Owner

My Commission Expires Dec. 31, 2011

My Commission Expires Dec. 31, 2011

My Commission Expires Dec. 31, 2011